



State of Utah

Division of Facilities Construction and Management
4110 State Office Building Salt Lake City, Utah 84114
Phone: 801-538-3018 Fax: 801-538-3267

Report No. _____

Inspection Report

Project Name _____

Project No. _____
Architect _____
Project Manager _____
Contractor _____
Inspector _____

Date _____
Time _____
Day _____
Weather _____
Temp _____
Wind _____
Inspection duration _____

INSPECTOR ACCOMPANIED BY: _____

AREA INSPECTED: _____

TYPE OF INSPECTION: _____

RECOMMENDED:

_____	Ok to cover	_____	Proceed after completing items below
_____	Do not cover	_____	Re-Inspection Required
_____	Partial Approval of	_____	
_____	Other action	_____	

COMMENTS: